# Echotech Community Echocardiography Referral Form

**All relevant fields MUST be completed otherwise referral may be returned**

Please fax the completed form to: **023 9282 3041** or post to:
**Echotech Ltd, 64 Goldsmith Avenue, Southsea, Hampshire PO4 8FH**

| | |
|---|---|
| **Date of referral** | |

| | |
|---|---|
| **Referring clinician** | |
| **Commissioning Organisation** | |

| PATIENT DETAILS | |
|---|---|
| **NHS number** | |
| **Title** | |
| **Name** | |
| **Telephone** | |
| **Gender** | ☐ Male ☐ Female |
| **Date of birth** | |
| **Address** | |
| **Post code** | |

| GP DETAILS | |
|---|---|
| **GP name and Signature** | |
| **Telephone** | |
| **Fax** | |
| **Address** | |
| **GP email address** | |

| SPECIAL REQUIREMENTS |
|---|
| |

**REASON FOR REFERRAL (Please ensure to select at least ONE)**

**Patients with suspected heart failure**

- ☐ **1. Suspected heart failure based on clinical findings (dyspnoea or peripheral oedema)**
- ☐ **2. Suspected heart failure based on abnormal ECG or abnormal chest X ray**
- ☐ **3. Suspected heart failure based on raised BNP or NT proBNP (see levels below)**

**Patients with heart murmur**

- ☐ **4. Heart murmur with cardiac symptoms**
- ☐ **5. Asymptomatic heart murmur with abnormal ECG or abnormal chest X ray**
- ☐ **6. Known valve disease**

**Other**

- ☐ **7. Suspected cardiomyopathy or left ventricular hypertrophy based on clinical findings or abnormal ECG or abnormal chest X ray**

**If this echo service wasn't available, would you have referred this patient to the Acute Trust?** ☐ Yes ☐ No

**RELEVANT PAST MEDICAL HISTORY**

| | | |
|---|---|---|
| ☐ Myocardial Infarction | ☐ Atrial Fibrillation | ☐ Thyroid disease |
| ☐ Angina | ☐ Cardiomyopathy | ☐ Alcohol / Drug abuse |
| ☐ Valve disease | ☐ Hypertension | ☐ Chronic Obstructive Pulmonary Disease |
| ☐ Cardiac surgery | ☐ Diabetes | ☐ Other |

**OTHER RELEVANT INFORMATION**

**RELEVANT MEDICATION (Drug and Dose)**

| INVESTIGATIONS (where relevant) | Date | Please enter values: |
|---|---|---|
| 12 lead ECG | | ☐ Normal ☐ Abnormal (Please attach) |
| CXR | | ☐ Normal ☐ Abnormal (Please attach) |
| BMI | | |
| BP | | |
| BNP or NTproBNP | | ☐ Normal levels (BNP < 100pg/ml or NTproBNP < 400pg/ml)<br>☐ Raised levels - Echo within 6 weeks[1] (BNP 100-400pg/ml or NTproBNP 400-2000 pg/ml)<br>☐ High levels - Echo within 2 weeks[1] (BNP >400pg/ml or NTproBNP > 2000pg/ml) |

1.NICE Guideline for Chronic Heart Failure (update) August 2010